

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000001648**

1. Entity Name

MIAMI SOUTH CHURCH OF CHRIST, INC.**FILED**
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90005 040 ****61.25

0042052

Principal Place of Business

**19425 S.W. 312 ST.
HOMESTEAD FL 33030**

Mailing Address

**48 NE 111TH STREET
MIAMI SHORES FL 33161****643158**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0910720

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHREEVE, RUSSELL L
48 NE 111TH ST
MIAMI SHORES FL 33161**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SHREEVE, RUSSELL L	
STREET ADDRESS	48 NE 111TH ST	
CITY-ST-ZIP	MIAMI SHORES FL 33161	

TITLE	VP	<input type="checkbox"/> Delete
NAME	QUINTERO, FABIO	
STREET ADDRESS	15354 SW 170 TERRACE	
CITY-ST-ZIP	MIAMI FL 33187	

TITLE	D	<input type="checkbox"/> Delete
NAME	SHREEVE, RUSSELL	
STREET ADDRESS	48 N.E. 111 ST.	
CITY-ST-ZIP	MIAMI SHORES FL	

TITLE	S	<input type="checkbox"/> Delete
NAME	LOPEZ, PEDRO	
STREET ADDRESS	39 NW 59TH CT	
CITY-ST-ZIP	MIAMI FL 33126	

TITLE	T	<input type="checkbox"/> Delete
NAME	KIPPENAN, BECKY	
STREET ADDRESS	22525 172ND CT	
CITY-ST-ZIP	MIAMI FL 33170	

TITLE	D	<input type="checkbox"/> Delete
NAME	HOOTS, MICHAEL	
STREET ADDRESS	19760 SW 243RD TERR	
CITY-ST-ZIP	HOMESTEAD FL 33031	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**SIGNATURE RECEIVED: QUINTERO****4/17/01****(305) 232-3519**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)